



**Illinois Attorney General's Office**  
**VIOLENT CRIME VICTIMS ASSISTANCE PROGRAM**

**LISA MADIGAN**  
**ATTORNEY GENERAL**

**QUARTERLY REPORT FY 2006**

**Quarter:** 1 2 3 4 (Circle)    **Grant: #06-** \_\_\_\_\_    **Amount: \$** \_\_\_\_\_

**Agency** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_    **Phone:** \_\_\_\_\_

**Fiscal Contact:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_    **Phone:** \_\_\_\_\_

**Prepared By:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Program Category:** \_\_\_\_\_

**Grant Effective Date:** \_\_\_\_\_

**FUNDED STAFF:**

**Resumes must be submitted for all grant funded staff positions. FIRST QUARTER ONLY**

☐ **attached**

**Have there been any changes in funded staff persons this quarter?**

☐ **yes**

☐ **no**

☐ **resume attached**

**PROGRAM ACTIVITIES:**

**On a separate sheet of paper, please provide a narrative of program activities that occurred that are unique to this reporting period. Be sure to include: Agency events, media attention, community education efforts, case load changes, special recognition/awards, training activities, conferences attended, in-services, volunteer training, networking experiences, fund-raising efforts and any other information specific to your program.**

**Please list the goals from your FY2006 grant application and detail progress made towards those goals.**

**Are there any program/agency changes which may impact on services? Please explain.  
FAILURE TO COMPLETE THIS SECTION WILL CONSTITUTE AN INCOMPLETE  
REPORT AND IT WILL BE RETURNED TO YOU.**

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**Please complete the questions below for the agency activities**

**Number of Professional Trainings attended by agency staff** \_\_\_\_\_

**Number of public education/awareness presentations presented** \_\_\_\_\_

**Number of Professional Trainings presented** \_\_\_\_\_

**PROGRAM STATISTICS:** List the total number of clients served per month by type of crime category. The number should include all clients assisted by THE ENTIRE FUNDED PROGRAM for each month during the quarter. Please add any categories you use that are not listed.

Category	Month	Total
Armed Robbery		
Battery		
Child Abuse		
Child Sexual Assault		
Domestic Violence		
Driving Under the Influence		
Elder Abuse		
Hate/Bias Crimes		
Homicide Survivors		
Non-Victim Children		
Property Crimes		
Sexual Assault		
TOTAL		
Significant Others		
Witnesses		

**SERVICES PROVIDED:** List the type of service provided by the GRANT FUNDED PROGRAM and the number of times or hours provided during the reporting period. This list should reflect the listing of services stated in section C of your grant application.

TYPE OF SERVICE	Month			Total
<u>Crime Victims Compensation</u>				
Automated Victim Notification				
Victim Notification				
Legal Advocacy				
Medical Advocacy				
Victim Impact Statements				
Forensic Interviews				
Restitution Assistance				
Referrals				

**PERSONNEL:**

Please provide the following information for each staff member funded under this grant:

**Salaried/Contractual Staff**

Name	Title	Salary/Benefits From Grant	FT or PT
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Employee


**PERSONNEL EXPENDITURES:**

Please provide grant expenditures for each month during this reporting period per funded staff member.

**STAFF MEMBER'S NAME:** \_\_\_\_\_

Status of Employment: Salaried:\_\_\_\_\_ Contractual:\_\_\_\_\_

MONTH

Salary			
Benefits			
Professional Insurance			

**STAFF MEMBER'S NAME:** \_\_\_\_\_

**Status of Employment:**    **Salaried:**\_\_\_\_\_        **Contractual:**\_\_\_\_\_

**MONTH**

<b>Salary</b>			
<b>Benefits</b>			
<b>Professional Insurance</b>			

**STAFF MEMBER'S NAME:** \_\_\_\_\_

**Status of Employment:**    **Salaried:**\_\_\_\_\_        **Contractual:**\_\_\_\_\_

**MONTH**

<b>Salary</b>			
<b>Benefits</b>			
<b>Professional Insurance</b>			

**STAFF MEMBER'S NAME:** \_\_\_\_\_

**Status of Employment:**    **Salaried:**\_\_\_\_\_        **Contractual:** \_\_\_\_\_

**MONTH**

<b>Salary</b>			
<b>Benefits</b>			
<b>Professional Insurance</b>			

**Please complete the questions below for the funded staff ONLY.**

Number of Professional Trainings attended by agency staff \_\_\_\_\_

Number of public education/awareness presentations presented \_\_\_\_\_

Number of Professional Trainings presented \_\_\_\_\_

**PROGRAM VOLUNTEERS:**

A. List current number of Program Volunteers: \_\_\_\_\_

B. Enter the approximate number of volunteer hours  
provided during this reporting period.

Month (1) \_\_\_\_\_ Month (2) \_\_\_\_\_ Month (3) \_\_\_\_\_ Total \_\_\_\_\_

C. Enter below a listing of services provided by volunteers and the number of  
persons involved.

**VOLUNTEER SERVICES**

**NUMBER OF**

**VOLUNTEERS**

1.

2.

3.

4.

**FUNDED PRINTED MATERIALS:**

For all grant funded printed materials, submit an update on the status of the printing request. PLEASE NOTE: As required by the Grant Agreement, the disclaimer must appear on all printed materials. Two final copies of all printed material(s) funded in whole or in part with funds from the Violent Crime Victims Assistance Act must be

submitted to your Grant Monitor.

**REALLOCATION OF GRANT FUNDS:**

Any program wishing to reallocate less than \$1,000.00 of grant funds to existing line items, without changing the original intention of the PROVISION OF SERVICES found in Section 2 of the FY2006 Grant Agreement, must complete the following sections. It is imperative to list all expenses delineated in Section 2 of the FY2006 Grant Agreement on the following page. For example: list all funded staff by title, current allocation, desired amount to reallocate and the amended budget. All changes must also be reflected in the accompanying budget pages of this report. Amounts over \$1,000.00, or requests to create a new line item, must be submitted in writing to your Grant Monitor for approval.

**BRIEF EXPLANATION OF THE NEED FOR THE REALLOCATION:**

\_\_\_\_\_  
Signature of Authorized Agent

Date: \_\_\_\_\_



**REALLOCATION PROGRAM BUDGET**

	<b>CURRENT</b>	<b>CHANGE</b>	<b>AMENDMENT</b>
<b>PERSONNEL:</b>			
SALARY	_____	_____	_____
SALARY	_____	_____	_____
BENEFITS	_____	_____	_____
BENEFITS	_____	_____	_____
CONTRACT EMPLOYMENT	_____	_____	_____
PROFESSIONAL INSURANCE	_____	_____	_____
TOTAL PERSONNEL	_____	_____	_____
<b>OPERATING EXPENSES:</b>			
CONTRACTUAL SERVICES	_____	_____	_____
OCCUPANCY	_____	_____	_____
POSTAGE	_____	_____	_____
COPIES/DUPLICATING	_____	_____	_____
PROGRAM ADVERTISING	_____	_____	_____
EQUIPMENT RENTAL/LEASE	_____	_____	_____
OTHER	_____	_____	_____
TOTAL OPERATING EXPENSES	_____	_____	_____
<b>SUPPLIES:</b>			
OFFICE	_____	_____	_____
PROGRAM	_____	_____	_____
TOTAL SUPPLIES	_____	_____	_____
<b>PRINTING:</b>			
BROCHURES/PAMPHLETS	_____	_____	_____
OTHER	_____	_____	_____
TOTAL PRINTING	_____	_____	_____
<b>TRAVEL:</b>			
STAFF	_____	_____	_____
CLIENT	_____	_____	_____
TOTAL TRAVEL	_____	_____	_____
<b>TRAINING:</b>			
CONFERENCE REGISTRATIONS	_____	_____	_____
IN-SERVICE COSTS	_____	_____	_____
SUPPLIES	_____	_____	_____
TRAVEL	_____	_____	_____
TOTAL TRAINING	_____	_____	_____

**TELECOMMUNICATIONS:**

TELEPHONE SERVICE \_\_\_\_\_

PAGER SYSTEM \_\_\_\_\_

TOTAL TELECOMMUNICATIONS \_\_\_\_\_

**TOTAL OPERATING BUDGET**

<b><u>GRANT EXPENDITURES:</u></b>							
	<b><u>CONTRACT</u></b>	<b><u>MONTH</u></b>	<b><u>MONTH</u></b>	<b><u>MONTH</u></b>	<b><u>3 MONTH</u></b>	<b><u>TOTAL TO</u></b>	<b><u>UNEXPENDED</u></b>
<b>ITEM</b>	<b><u>BUDGET</u></b>				<b><u>TOTAL</u></b>	<b><u>DATE</u></b>	<b><u>FUNDING</u></b>
<b><u>PERSONNEL:</u></b>							
Salaries							
Benefits							
Contractual Employment							
Professional Insurance							
<b><u>TOTAL PERSONNEL EXPENSES</u></b>							
<b><u>OPERATING EXPENSES:</u></b>							
Contractual Services							
Occupancy							
Postage							
Copies/Duplicating							
Program Advertising							
Equipment Rental/Lease							
Other							
<b><u>TOTAL OPERATING EXPENSES</u></b>							
<b><u>SUPPLIES:</u></b>							
Office							

Program							
Training							
<b>TOTAL SUPPLIES EXPENSE</b>							

<b><u>GRANT EXPENDITURES</u></b>							
<b>ITEM</b>	<b><u>CONTRACT</u></b>	<b><u>MONTH</u></b>	<b><u>MONTH</u></b>	<b><u>MONTH</u></b>	<b><u>3 MONTH</u></b>	<b><u>TOTAL TO</u></b>	<b><u>UNEXPENDED</u></b>
	<b><u>BUDGET</u></b>				<b><u>TOTAL</u></b>	<b><u>DATE</u></b>	<b><u>FUNDING</u></b>
<b><u>TRAVEL:</u></b>							
Client							
Staff							
<b><u>TOTAL TRAVEL EXPENSES</u></b>							
<b><u>PRINTING EXPENSES:</u></b>							
Brochures/Pamphlets							
Newsletters							
<b><u>TOTAL PRINTING EXPENSES</u></b>							
<b><u>TRAINING EXPENSES:</u></b>							
Conference Registration							
In-Service Costs							
Supplies							
Travel							
<b><u>TOTAL TRAINING EXPENSES</u></b>							
<b><u>TELECOMMUNICATIONS:</u></b>							
Telephone Service							
Pager System							
<b><u>TOTAL TELECOMMUNICATIONS</u></b>							
<b><u>TOTAL OPERATING BUDGET</u></b>							